

**REQUEST
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

| | | |
|---|----------------------|---------------|
| Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/366,678 |
| | Filing Date | 08/04/1999 |
| | First Named Inventor | Bellovin |
| | Group Art Unit | 2665 |
| | Examiner Name | Thien D. Tran |
| | Attorney Docket No. | 113335C |

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

| | |
|--|--|
| 1) Submission required under 37 C. F. R. § 1.114 | |
| a) <input type="checkbox"/> Previously submitted: | |
| i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered). | |
| ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on | |
| iii) <input type="checkbox"/> Other | |
| b) <input checked="" type="checkbox"/> Enclosed: | |
| i) <input checked="" type="checkbox"/> Amendment / Reply | |
| ii) Affidavit(s) / Declaration (s) | |
| iii) Sheet of Additional Drawing | |
| iv) <input checked="" type="checkbox"/> Petition for Extension of Time to Reply | |
| v) Other | |
| 2) Miscellaneous: | |
| a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required). | |
| b) <input type="checkbox"/> Other | |
| 3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed. | |
| a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186 | |
| i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e). | |
| ii) <input checked="" type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17). | |
| iii) <input checked="" type="checkbox"/> Any Other Required Fee. | |

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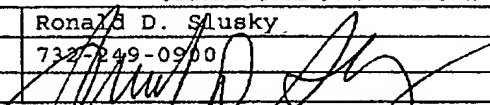
OFFICIAL

CORRESPONDENCE ADDRESS

| | | |
|--|-------------------|---|
| <input type="checkbox"/> Customer Number or Bar Code Label | Customer Number - | or <input checked="" type="checkbox"/> Correspondence address below |
|--|-------------------|---|

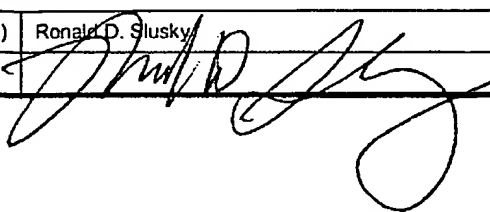
| | | | | | |
|---------|---------------------|-------|----|----------|-------|
| NAME | Samuel H. Dworetsky | | | | |
| ADDRESS | PO Box 4110 | | | | |
| CITY | Middletown | STATE | NJ | ZIP CODE | 07748 |
| COUNTRY | USA | FAX | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | | | |
|-----------|---|----------|----------|
| NAME | Ronald D. Slusky | REG. No. | 26585 |
| TELEPHONE | 732-249-0900 | | |
| SIGNATURE |  | DATE | 10/02/03 |

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage thereon, in an envelope addressed to: Commissioner for Patents, BOX RCE, Washington, D.C. 20231, or facsimile transmitted to the U. S. Patent and Trademark Office on this date: 10/02/2003

| | | | |
|-------------------|---|------|------------|
| Name (Print/Type) | Ronald D. Slusky | Date | 10/02/2003 |
| Signature |  | | |

PATENT APPLICATION FEE DETERMINATION RECORD

Effective JANUARY, 2003

Application or Docket Number

09366678

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|-----------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 28 minus 20 = * | RCE |
| INDEPENDENT CLAIMS | 4 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

B

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT # | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 28 | Minus ** 46 | = |
| Independent | * 4 | Minus *** 7 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐ OR

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

SMALL ENTITY OR

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

C

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT # | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 28 | Minus ** 46 | = |
| Independent | * 4 | Minus *** 7 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.